

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213545821						
<div style="display: flex; justify-content: space-between;"> <div> 1.) CORPORATION NAME: Accretive Health, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD SDTE 301 GLEN ALLEN, VA </div> <div> DUE DATE: 9/30/2013 SCC ID NO: F1908617 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMMON</td> <td>500,000,000</td> </tr> <tr> <td>PREFER</td> <td>5,000,000</td> </tr> </tbody> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	500,000,000	PREFER	5,000,000
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COMMON	500,000,000							
PREFER	5,000,000							
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY								
4.) STATE OR COUNTRY OF INCORPORATION: DE								
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 401 N. Michigan Ave. Suite 2700 CITY/ST/ZIP: Chicago, IL 60611 </div>								
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MARY A TOLAN TITLE: CHAIRMAN ADDRESS: 401 NORTH MICHIGAN AVENUE SUITE 2700 CITY/ST/ZIP/CO: CHICAGO, IL 60611 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MARY A TOLAN TITLE: CHAIRMAN ADDRESS: 401 NORTH MICHIGAN AVENUE SUITE 2700 CITY/ST/ZIP/CO: CHICAGO, IL 60611	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN SCHUCKENBROCK CEO, PRESIDENT 401 N. MICHIGAN AVE. SUITE 2700 CHICAGO, IL 60611	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SEAN F. ORR CFO 401 N. Michigan Ave. SUITE 2700 CHICAGO, IL 60611	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK A. WOLFSON DIRECTOR 401 N. MICHIGAN AVE. SUITE 2700 CHICAGO, IL 60611	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN N. KAPLAN DIRECTOR 401 N. MICHIGAN AVE. SUITE 2700 CHICAGO, IL 60611	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVE SHULMAN DIRECTOR 401 N. MICHIGAN AVE. SUITE 2700 CHICAGO, IL 60611	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENIS NAYDEN DIRECTOR 401 N. MICHIGAN AVE. SUITE 2700 CHICAGO, IL 60611	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARTHUR H. SPIEGEL, III DIRECTOR 401 N. MICHIGAN AVE. SUITE 2700 CHICAGO, IL 60611	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DANIEL A. ZACCARDO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DANIEL A. ZACCARDO, SECRETARY PRINTED NAME AND CORPORATE TITLE	9/30/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			